

Atty. Dkt. No. 050251-0131

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Gray et al.

Title:

SURGICAL DEVICE WITH

MALLEABLE SHAFT

Appl. No.:

09/432,523

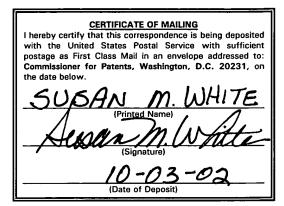
Filing Date: 3 November 1999

Examiner:

D. Isabella

Art Unit:

3731



AMENDMENT TRANSMITTAL

Commissioner for Patents Box Non-Fee Amendment Washington, D.C. 20231

Sir:

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on-Fee Amendment
ngton, D.C. 20231

Transmitted herewith is the Amendment of the above-identified application is the Action dated 5, July 2002 response to the Office Action dated 5 July 2002.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [X] Information Disclosure Statement
- [X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claim Preser	S	Rate		Additional Claims Fee
Total Claims:	21	_	52	=	0	x	\$18.00	=	\$0.00
Independents:	2	_	8	=	0	×	\$80.00	=	\$0.00
First presentation of any Multiple Dependent Claims: + \$270.00						=	\$0.00		
CLAIMS FEE TOTAL:							=	\$0.00	

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:



[]	Extension for response filed within the first month:	\$110.00	\$0.00
[]	Extension for response filed within the second month:	\$390.00	\$0.00
[]	Extension for response filed within the third month:	\$890.00	\$0.00
[]	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
[]	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
	\$0.00		
	CLAIMS AND EXTENSION	\$0.00	
[]	Small Entity Fees Apply (subtract	½ of above):	\$0.00
		TOTAL FEE:	\$0.00

- Please charge Deposit Account No. 06-1450 in the amount of \$0.00. A duplicate [] copy of this transmittal is enclosed.
- [X] A check in the amount of \$180.00 is enclosed to cover the costs of filing a late Information Disclosure Statement.
- The Commissioner is hereby authorized to charge any additional fees which may be [X] required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

FOLEY & LARDNER

One IBM Plaza, Suite 3300

330 North Wabash

Chicago, Illinois 60611-3608 Telephone: 312.755.2610

Facsimile: 312.755.1925

Respectfully submitted,

Paul E. Schaafsma

Attorney for Applicant

Registration No. 32,664

IC 3700 MAIL ROOM